
LIMITED POWER OF ATTORNEY

OF

XXXXXXXXXXXXXXXXXXXX

Sample of a Limited Power of Attorney

- Basic Options Only



LIMITED POWER OF ATTORNEY

1. I, xxxxxx of xxxxxx aged eighteen years and upwards hereby appoint xxxxxx of xxxxxx as my lawfully appointed attorney in fact (referred to as the "Agent") on and subject to the terms and conditions set out below. If for any reason this person shall be unable or unwilling to act as my Agent, I hereby appoint xxxxxx of xxxxxx to act as my Agent instead, subject to the terms and conditions set out herein.
2. All/Part of the clause/clauses have been deleted from this section for the sample review.
3. This power of attorney shall become and is hereby effective immediately and will continue in full force and effect until terminated in accordance with the provisions of Clause 2 above. This power of attorney shall, for the avoidance of doubt, be construed as a limited power of attorney.
4. All/Part of the clause/clauses have been deleted from this section for the sample review.
5. My Agent shall have no authority to give any of my property to, or use any of my property for the benefit of himself or herself. In addition, my Agent (i) cannot execute a will, a codicil, or any will substitute on my behalf; (ii) cannot change the beneficiary on any life insurance policy that I own; (iii) cannot make gifts on my behalf; (iv) may not exercise any powers that would cause any assets of mine to be considered taxable to my Agent or to my Agent's estate for purposes of any income, estate, or inheritance tax, and (v) cannot contravene any medical or healthcare power of attorney or living will I have executed whether prior or subsequent to the execution of this power of attorney.
6. The powers conferred on my Agent herein may be exercised by my Agent alone, and my Agent's signature or act under the authority granted herein may be accepted by any third person or organization as fully authorized by me and with the same legal force and effect as if I were personally present, competent and acting on my own behalf.
7. Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the authority granted under this power of attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the power of attorney has been revoked or terminated by operation of law or otherwise.
8. All/Part of the clause/clauses have been deleted from this section for the sample review.
9. All/Part of the clause/clauses have been deleted from this section for the sample review.
10. All/Part of the clause/clauses have been deleted from this section for the sample review.
11. This power of attorney will be governed by the laws of the State of Alabama without regard for conflicts of laws principles and is intended to be valid in all jurisdictions of the United States of America and all foreign nations.
12. All/Part of the clause/clauses have been deleted from this section for the sample review.
13. All/Part of the clause/clauses have been deleted from this section for the sample review.
14. All/Part of the clause/clauses have been deleted from this section for the sample review.
15. All/Part of the clause/clauses have been deleted from this section for the sample review.

Executed this _____ day of _____, 20_____, at

Signed

WITNESS AFFIDAVIT

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me, that he signed or acknowledged this Power of Attorney in my presence, and that he appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon his decease, whether under any Will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Health Care Agent or Successor Health Care Agent by this document.

Witness No. 1

Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Residence Address: _____

Witness No. 2

Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Residence Address: _____

NOTARY AFFIDAVIT

STATE OF _____ **COUNTY OF** _____

On _____ before me, _____, a notary public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing is true and correct. Witness my hand and official seal.

Signature: _____

Print Name: _____

My commission expires on: _____

(Seal)

SAMPLE